

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OM 0891-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	Holly Friedmann
	Title	Shock absorbing ...
	Group Art Unit	
	Examiner Name	
Attorney Docket Number		4915.001

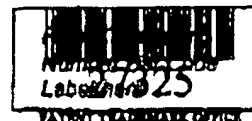
I hereby appoint

☒ Practitioners at Customer Number

27325

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	HOLLY FRIEDMANN	PLEASE SIGN & DATE
Signature	<i>Holly Friedmann</i>	
Date	4-16-04	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

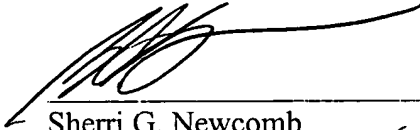
Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APPLICANT : Holly Friedmann
APPLICATION NO.: 10/826,873
FILED: 04/16/2004
FILE NO: 4915.001

CERTIFICATE OF MAILING

I HEREBY CERTIFY that the following correspondence: ***RESPONSE TO NOTICE TO FILE MISSING PARTS; COPY OF NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION; EXECUTED DECLARATION AND POWER OF ATTORNEY; CHECK IN THE AMOUNT OF \$450.00 TO COVER THE FILING FEE AND SURCHARGE FEE; and RETURN POSTCARD FOR CONFIRMATION OF RECEIPT*** is being deposited with the United States Postal Service with sufficient postage, as first class mail in a prepaid envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 17th day of August, 2004.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.



Sherri G. Newcomb
Date: 08/17/2004

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.
200 East Broward Boulevard, 19th Floor
Fort Lauderdale, Florida 33301
(954) 462-9500